Test Report Form

Adult Corrections Officer Physical Tasks Testing

Training Course Date (mo / year):							
STC Certification #:							
Provider:							
Instructor Name:							
Date Officially Observed to Meet/Exrecord as Pass, Fail, or Not Admini	cceed Benchmar	k Minimum Perf	ormance Level.	Note: Only			
Trainee Name	BST #35 50 Yard Sprint	BST #36 Dummy Drag	BST #37 Weighted Carry	BST #38 Stair Walk			

INDIVIDUAL PLAN

Name:	Date:
WARM-UP/FLEXIBILITY Describe your warm-up.	
	Sit and Reach Score:Inches - Norm percentile =%
CARDIOVASCULAR ACTIVITY	
Describe your aerobic activity including intensity, duration, frequency, type.	
	1.5 Mile Run Score:Min Sec Norm percentile%
	1 Mile Walk Score:Min Sec. – Rating =
DYNAMIC STRENGTH ACTIVITY	
Describe your muscular fitness activity including frequency, sets and reps.	
	No. Sit-ups: Norm percentile =%
	No. Push-ups: Norm percentile =%
COOL-DOWN/FLEXIBILITY	
Describe your cool-down	

DAILY EXERCISE LOG

	RESTING HR BPM	FLEXIBILITY TIME	CARDIOVASCULAR TIME	STRENGTH TIME	EXERCISE HR BPM
MONDAY					
DATE					
TUESDAY					
DATE					
WEDNESDAY					
DATE					
THURSDAY					
DATE					
FRIDAY					
DATE					
SATURDAY					
DATE					
SUNDAY					
CONDA					
DATE					

Note: Make copies of this form to keep a record of your exercise program. Studies indicate that maintaining an activity diary can assist you in continuing with your exercise program.